



STATE OF MONTANA
Food & Consumer Safety Section
Department of Public Health & Human Services
Detention Facility Inspection Report

Date _____

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Facility Name _____	Owner _____	Operator _____
Location Address _____	City _____	County _____
Phone _____	Number of Inmates Facility is Designed for _____	Current Number of Inmates _____
Inspection Purpose: Regular _____ Follow-up _____ Complaint _____ Illness Investigation _____ Pre-opening _____ Other _____		

50-1-203 MCA. Public health inspections. (1) The department may make public health inspections of schoolhouses, churches, theaters, jails, and other buildings of facilities where persons assemble. If public health deficiencies are found in the facility, the department may direct that conditions be corrected within a reasonable time. (2) Either the department or a local board of health may bring an action, including an action for injunctive relief, to correct the public health deficiencies.

7-32-2222 MCA. Health and safety of prisoners. (1) Each detention center shall comply with state and local fire codes for correctional occupancy and with sanitation, safety, and health codes.

GUIDELINE	IN	OUT	NOT OBSERVED	N/A
Records & admissions check for distress, health tag. Medical info recorded. MD called, isolation when needed. Hospitalizations for drug, alcohol withdrawal. Warm shower, soap, exam, clothing, receipt, clean mattress, sheets, blankets, towel given.				
Disease & infection control adequate. MD services available, licensed if applicable, approved. Medical supplies secured. No persons with communicable disease, respiratory infection, infected sores work in infirmary, food service, admissions, laundry, cell block or with others. STDs treated. Facility protected from infestations. Laundry disinfected if infested, not done in cells, services maintained, adequate space.				
Hygiene supplies provided. Soap, toothbrush, toothpaste daily. Shaves, haircuts available. Equipment removed from cell & cleaned. Linen washed ≥ 2 /wk. Blankets washed ≥ 1 /mo. Blankets washed, mattress cleaned before reuse. Clothing washed > 2 /wk, stored off floor. 1 Toilet+1 sink/cell or 1 toilet+1 sink/8 inmates (except in padded cell, detox center). Bathing available ≥ 2 /wk. ≥ 1 shower head/15 inmates. Floor drains flushed daily. Water in traps to control sewer gas. Enough potable water for drinking & cleanliness. Facility clean. Inspected for maintenance, cleanliness, vermin free.				
Structure meets building code, fire code, food code. Cells ≤ 25 bunks, ≥ 500 ft ³ air space/inmate. Single cell ≥ 50 ft ² , 7'6". Multiple cell ≥ 50 ft ² /inmate, 8". Dormitory ≥ 75 ft ² /inmate. Double bunks ≥ 9 '. Ventilation adequate. If built/remodeled after 2002: windows = 1/8 floor space, 1/2 openable Or- outside air 5ft ³ /min, total circulation ≥ 15 ft ³ /min/person. Floors smooth/cleanable in food receiving/storage/prep/service, prisoner holding, toilet/shower rooms.				
Sanitation sewer & water meet MDEQ regulations. Water sampled monthly if public, quarterly if not public. <i>Last sample date & result:</i> _____ Floors swept, mopped ≥ 2 /wk. Bars, cell doors, windows, equipment cleaned daily. Inmate garbage emptied daily, containers clean. All garbage stored in washable, rodent proof tight lidded containers. Enough capacity.				
Food service meets ARM 37.110.2. <i>Last inspection date:</i> _____				
Heat, light , ventilation sufficient in inmate work areas. Facility day temp 68-72°F, night ≥ 60 °F. Cells, dayrooms, reading areas ≥ 20 footcandles. Walls washable, light color. Cell lights protected, out of reach, under outside control.				

Report Received By _____ Title _____

Inspector _____ Phone _____ Follow-up Inspection Required: Yes / No